

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N29198

**FILED**  
**Mar 24, 2011**  
**Secretary of State**

**Entity Name:** LAWNWOOD PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2100 NEBRASKA AVE  
FORT PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

430 NW LAKE WHITNEY PL  
PORT SAINT LUCIE, FL 34986

**New Mailing Address:**

**FEI Number:** 59-1764486

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUNWOODY, ROBERT C JR  
1700 S. 23RD ST.  
FORT PIERCE, FL 349500188 US

**Name and Address of New Registered Agent:**

BAYSHORE ASSOCIATION MANAGEMENT  
430 NW LAKE WHITNEY PLACE  
PORT ST LUCIE, FL FL US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WILLIAM L. WEBER

03/24/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: BERGHASH, LESLIE M.D.  
Address: 1801 SE HILLMOOR DR SUITE B-105  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: DS  
Name: SHAREEF, HUMAYUN M.D.  
Address: 2100 NEBRASKA AVE STE 111  
City-St-Zip: FT. PIERCE, FL 34950

Title: DT  
Name: BALL, ADAM M.D.  
Address: 2100 NEBRASKA AVE STE 211  
City-St-Zip: FORT PIERCE, FL 34950

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LESLIE

DP

03/24/2011

Electronic Signature of Signing Officer or Director

Date